

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU030051
	First Named Inventor	Guillaume Bichot
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

**As a below-named inventor, I hereby declare that:** \_\_\_\_\_

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MULTI-NETWORK OVERLAID CELL DETECTION**

the specification of which (Title of the Invention)

☐ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign (+) inside this box →



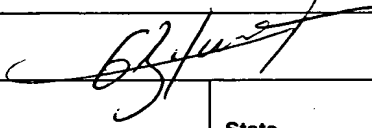
PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label				OR		<input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b>		JOSEPH S. TRIPOLI							
<b>Address</b>		Thomson Licensing Inc.							
<b>Address</b>		P.O. BOX 5312							
<b>City</b>				<b>State</b>		<b>ZIP</b>			
PRINCETON				NJ		08543-5312			
<b>Country</b>			<b>Telephone</b>			<b>Fax</b>			
USA			609-734-6834			(609) 734 - 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name</b>				<b>Family Name or Surname</b>					
GUILLAUME				BICHOT					
<b>Inventor's Signature</b>						<b>Date</b>			
						10/16/2003			
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>		
la Chapelle Chaussee					FRANCE		FRANCE		
<b>Mailing Address</b> 26 rue de Montmuran, 35630 la Chapelle Chaussee									
<b>Mailing Address</b>									
<b>City</b>			<b>State</b>		<b>ZIP</b>		<b>Country</b>		
la Chapelle Chaussee							FRANCE		
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name</b>				<b>Family Name or Surname</b>					
JUN				LI					
<b>Inventor's Signature</b>			<b>Date</b>						
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>		
Plainsboro			NJ		USA		CHINA		
<b>Mailing Address</b> 26 Orchid Drive									
<b>Mailing Address</b>									
<b>City</b>			<b>State</b>		<b>ZIP</b>		<b>Country</b>		
Plainsboro			NJ		08536		USA		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

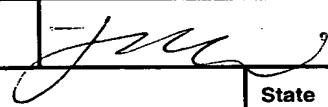
Please type a plus sign (+) inside this box →



PTO/SB/01 (10-00)  
 Approved for use through 10/31/2002. OMB 0651-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label				OR		<input checked="" type="checkbox"/> Correspondence address below	
Name		JOSEPH S. TRIPOLI							
Address		Thomson Licensing Inc.							
Address		P.O. BOX 5312							
City				State		ZIP			
PRINCETON				NJ		08543-5312			
Country			Telephone			Fax			
USA			609-734-6834			(609) 734 - 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Family Name or Surname					
GUILLAUME				BICHOT					
Inventor's Signature						Date			
Residence: City				State		Country		Citizenship	
la Chapelle Chaussee						FRANCE		FRANCE	
Mailing Address 26 rue de Montmuran, 35630 la Chapelle Chaussee									
Mailing Address									
City			State		ZIP		Country		
la Chapelle Chaussee							FRANCE		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name				Family Name or Surname					
JUN				LI					
Inventor's Signature				Date					
				10/3/2003					
Residence: City				State		Country		Citizenship	
Plainsboro				NJ		USA		CHINA	
Mailing Address 26 Orchid Drive									
Mailing Address									
City			State		ZIP		Country		
Plainsboro			NJ		08536		USA		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

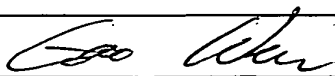
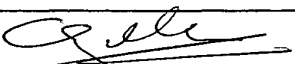
Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
WEN		GAO	
Inventor's Signature 		Date 10/3/2003	
Residence: City Plainsboro	State NJ	Country USA	Citizenship CHINA
Mailing Address			
Mailing Address 21-21 Quail Ridge Drive			
City Plainsboro	State NJ	ZIP 08536	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PHILIPPE		GILBERTON	
Inventor's Signature 		Date 10/3/2003	
Residence: City Princeton	State NJ	Country USA	Citizenship FRANCE
Mailing Address			
Mailing Address 24 Stonewall Circle			
City Princeton	State NJ	Zip 08540	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.